

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K49321** (8)

1. Corporation Name
MONI-MAR INTERNATIONAL, INC.



Principal Place of Business: **3033 N.W. 17TH STREET MIAMI FL 33125**
Mailing Address: **3033 N.W. 17TH STREET MIAMI FL 33125**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **12/05/1988**
3a. Date of Last Report: **07/14/1995**
4. FEI Number: **65-0085739**
5. Certificate of Status Desired: Applied For, Not Applicable, **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes, No

9. Name and Address of Current Registered Agent

**QUINTANA, MARIA V.
3033 N.W. 17TH STREET
MIAMI FL**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Numbers Not Acceptable); 83 City; 84 City; 85 Zip Code

11. Pursuant to the provisions of Section 607.07(2) and 607.15(3), Florida Statutes, the above named corporation validates this statement for the purpose of changing its registered office or registered agent for both the State of Florida and the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the requirements of said Florida Statutes.

SIGNATURE: *Maria V. Quintana*

4/26/96

12. OFFICERS AND DIRECTORS

1. TITLE	PTD	<input type="checkbox"/> DELETE
2. NAME	QUINTANA, MARIA V.	
3. STREET ADDRESS	3033 N.W. 17TH STREET	
4. CITY-STATE-ZIP	MIAMI FL	
5. TITLE	SD	<input type="checkbox"/> DELETE
6. NAME	QUINTANA, DIANA M.	
7. STREET ADDRESS	3033 N.W. 17TH STREET	
8. CITY-STATE-ZIP	MIAMI FL	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, that I register or have been designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 13 if I am a director or officer and in Block 12 if I am an officer.

SIGNATURE: *Maria V. Quintana*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (305) 591-9498

CR2E034 (12/95)